STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205083	A. Building B. Wing	03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madigan Estates	93 Military Street Houlton, ME 04730

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35904 Based on record review and interview, the facility failed to ensure that the State Mental Health authority for Pre-Admission Screening and Resident Review (PASRR) was notified of a newly added mental health disorder diagnosis to determine from a PASRR Level I screen if a change in level of service is required for 1 of 3 sampled residents reviewed for PASRR (Resident #74 [R74]). Finding: On 3/21/24, R74's clinical record was reviewed. Documentation indicated that R74 was admitted on [DATE] with a PASRR Level I screening that did not include the diagnosis of bipolar disorder. A review of the the resident information sheet dated 12/22/23, indicated the resident had a diagnosis of bipolar disorder, unspecified added to his/her diagnoses list 9/13/22. There was no evidence in R74's clinical record that the State Mental Health authority for PASRR was notified of this newly added diagnosis. On 3/21/24 at 10:28 a.m., in an interview with a surveyor, the Licensed Social Worker confirmed that the diagnosis was missed and the State Mental Health authority for PASRR was not notified.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 49635 Based on interviews, record review, and observation, the facility failed to ensure that a physician order for a mechanical soft diet was followed for 1 of 3 residents reviewed for nutrition (Resident #5 [R5]). Findings: On 3/18/24 at 10:34 a.m., in an interview with the surveyor, R5 stated, The food is good most of the time, but I have a hard time chewing it. On 3/19/24 at 8:24 a.m., review of R5's clinical record indicated the physician's diet order initiated on 4/26/23 was mechanical soft diet texture for trouble chewing, poor dentition. The care plan was updated on 4/27/23 to include a diet of Regular Diet, Mechanical Soft. Cottage Cheese with all meals, for nutritional problem or potential nutritional problem [related to] Diabetes, chronic illness, ., failure to thrive, weight loss. On 3/19/24 at 11:55 a.m., the surveyor observed a CNA serve R5 a lunch consisting of a pork chop, a half of a baked potato with skin on, squash and pudding for dessert. The diet order displayed on the tray card read consistency/regular. The resident requested it be replaced with a tuna sandwich. On 3/19/24 at 12:01 p.m., in an interview, a surveyor confirmed with Registered Nurse #1 that the diet order on the tray for R5 did not match the physician orders, and the physician's diet order for R5 was not followed. On 03/21/24 at 9:15 a.m., in an interview with a surveyor, Cook#1 stated he/she does not know the residents personally but knows their order by name, unless it is a new resident, or the order has changed recently. Cook#1 stated [R5] has a regular diet, regular consistency, and has been for the past year. On 3/21/24 at 11:05 a.m., in an interview with a surveyor and the Dietary Supervisor, Cook #2 stated R5 was on a regular consistency diet for a while. On 3/21/24 at 11:10 a.m., in an interview with the surveyor, the Dietary Supervisor stated the diet orders for the trays are made by a staff member not in the kitchen. If a resident's diet order changes over the weekend it could be two days before the diet changes. The surveyor confirmed with the Dietary Supervisor that R5's diet order was not followed.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32540 Based on observations and interviews the facility failed to ensure respiratory care equipment was hooked up properly for 1 of 1 resident reviewed for respiratory care (Resident #143 [R143]) Finding: R143 was admitted on [DATE] with diagnosis of hypoxic and hypercapnic respiratory failure secondary to cor pulmonale, sleep apnea and Chronic Obstructive Pulmonary Disease On 3/18/24 at 1:41 p.m. during resident interview and observation. The surveyor observed R143 was on oxygen at 2 liters/minute via nasal canula (NC), there was a humidification bottle that was not attached to the NC tubing. R143 NC was hooked up directly to the oxygen concentrator at 2 liters/minute. The clear tubing on top of the humidification bottle was sticking straight up in the air. On 3/19/24 at 7:30 a.m. an observation by a surveyor of R143 was that he/she was sitting in his/her recliner chair with the trilogy breathing apparatus on using a full mask. The oxygen concentrator was set on 2 liters, the oxygen tubing was attached to the humidifier bottle and the humidifier bottle was not attached to the concentrator. At 7:33 a.m. a second surveyor observed the set-up of R143's trilogy and oxygen concentrator and that the oxygen tubing was not attached correctly. At 7:36 a.m. the charge nurse RN#2 was asked to come review set up, she stated she replaced the humidification (water) bottle yesterday and the clear tube was already sticking straight up so she thought that was how it was supposed to be. The Minimum Data Set (MDS) nurse came into the room, RN#2 showed the MDS nurse how it was hooked up and the MDS nurse acknowledged that the clear tubing of the water bottle needed to be attached to the concentrator. On 3/19/24 at 7:36 a.m. the surveyor confirmed the respiratory equipment was not hooked up properly with RN#2 and the MDS nurse.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33242 Based on observations and interviews, the facility failed to ensure expired medications and topicals were removed from the supply available for use in 2 of 2 treatment carts (#1 and #2), 1 of 1 medication carts (#2) and 2 of 2 medication storage rooms (#1 and #2) reviewed. In addition, the facility failed monitor temperatures in a medication refrigerator that insulin was stored in for 1 of 2 medication storage rooms (#1). Findings: 1. Treatment Cart #1 On 3/20/24 at 1:20 p.m., a surveyor and Registered Nurse (RN)2 observed a tube of Medihoney Gel (used for wounds) with an expiration date of 2/1/24, a tube of Hydrophilic wound dressing with an expiration date of 1/24, and a tube of Aquaphor healing ointment with an expiration date of 11/22. 2. Treatment Cart #2 On 3/20/24 at 12:17 p.m., a surveyor and Licensed Practical Nurse observed a tube of Medihoney Gel with an expiration date of 2/1/24 and BioFreeze pain roll on with an expiration date of 2/23. 3. Medication Cart #2 On 3/20/24 at 10:25 a.m., a surveyor and Certified Nursing Assistant-Medication observed a tube of Benadryl Gel with an expiration date of 7/23. 4. Medication Storage room [ROOM NUMBER] On 3/20/24 at 1:30 p.m., a surveyor and RN 2 observed in the cabinet, a bottle of Echinacea with an expiration date of 12/23 and in the medication refrigerator, a box of Bisacodyl suppositories with an expiration date of 11/22 and a box of Preparation H suppositories with an expiration date of 9/23. 5. Medication Storage room [ROOM NUMBER] On 3/20/24 at 12:25 p.m., a surveyor and Licensed Practical Nurse observed 2 vials of Procrit (used to treat anemia) with an expiration date of 11/23. These findings were confirmed by the surveyor at the time of the observations. 6. Medication Refrigerator - Medication Storage room [ROOM NUMBER] (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/20/24 at 2:00 p.m., a surveyor and RN2 were unable to find the temperature log sheet for the medication refrigerator that insulin was stored in. On 3/20/24 at 2:38 p.m., during an interview with a surveyor, the Director of Nursing stated she was unable to find the temperature log sheet. On 3/20/24 at 3:15 p.m., during an interview with a surveyor, the DON stated that they were not able to find any temp sheets and when she asked a staff member if they were writing down the temps, they said that there wasn't a new sheet so it hasn't been documented. On 3/21/24 at 8:15 a.m., during an interview with a surveyor, the DON stated that after speaking with staff, they did have a temperature log but it was soiled and destroyed, so it was thrown away.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49635 Based on observations and interview facility failed to enure that food products were dated and labeled, and failed to ensure dented cans were taken out of circulation for use on 2 of 4 days of survey (3/18/24; 3/21/24). Findings: 1. On 3/18/24 at 10:00 a.m., a surveyor observed the following available for use on the shelves in dry storage: 2- 6 pounds 12 ounces (oz) cans of tapioca pudding; both cans were dented on the bottom seal. 1- open package of Roast Pork Gravy mix (11.3oz), undated. 1- open package of Imperial Cream Soup Base (28oz), undated. On 3/18/24 at 10:15 a.m., in an interview, a surveyor observed and confirmed these findings with the Dietary Supervisor. 2. On 3/21/24 at 9:30 a.m., a surveyor observed the following: 1- bag of crinkle cut fries, open and undated, in the walk-in freezer. 1- package of unidentified meat, open, unlabeled, and undated in walk-in refrigerator. 1- open head of lettuce, undated and open to environment, in the walk-in refrigerator. On 3/21/24 at 9:30a.m., in an interview, the surveyor observed and confirmed the above findings with Cook #1.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 32540 Based on record reviews and interview, the facility failed to ensure that clinical records were complete and contained accurate information for 2 of 20 residents reviewed for catheter use and for medication and treatment administration (Resident #144 and #83 [R144, R83]). Findings: A review of R144's clinical record, a nursing noted dated 3/17/24 at 9:55 p.m. for communication - with Physician that addresses R144 removing their foley catheter with balloon intact, this was the second time R144 had removed the foley. Recommendations from the provider was for a bladder scan at 2:00 a.m. Nursing note dated 3/18/24 at 3:37 a.m. of communication with physician with recommendations to hold catheter until morning care or scan shows above 400 cubic centimeters (cc) On 3/19/24 Review of R144's clinical record lacks evidence of the verbal order being written and entered into R144s physician orders. On 3/19/24 during an interview with the Director of Nursing (DON) the surveyor confirmed there was no written order for the discontinuation of the foley or the bladder scan to be completed with morning care. On 3/19/24 at 10:51 a.m. a nursing note was written that a provider ordered 40 milliequivalent (mEq) of potassium by mouth once at 8:45 a.m. then ordered another dose of 40 mEq to be given 4 hours later at 12:45 p.m. and a potassium level to be drawn at 4:00 p.m. On 3/21/24 at 12:00 p.m. during record review R144s clinical record lacked evidence of a verbal order being written for the use of potassium supplement to address a critical potassium lab level. On 3/21/24 at 12:05 P.M. during an interview with the DON the surveyor confirmed that there was no written order for the use of the potassium supplement. On 3/21/24 during a record review for R83 it was noted that he/she had an order for insulin Glargine 20 units subcutaneous every am. R83 has not received any insulin since 2/12/24. The clinical record lacks evidence of a physician order being obtained to discontinue the insulin order. On 2/21/24 at 10:00 a.m. during an interview and record review with the DON and Assistant DON the clinical record lacked evidence of an order being written to discontinue the use. The clinical record had a nursing note dated 2/12/24 at 10:46 showing documentation that the nurse practitioner was made aware and the nurse received a new order to discontinue fingerstick and insulin. There was no evidence of this order being written. On 2/21/24 at 10:00 a.m The surveyor confirmed the above finding at this time.